

10684212

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET 4-19-04							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
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TOTAL IND.	2		2					
TOTAL DEP.	343		48					
TOTAL CLAIMS	345		50					
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